

Escrow Agent Quarterly Office Closure Report

State of Washington
Department of Financial Institutions
Consumer Services Division
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Revised 6/28/2006

Agent Name (as shown on license): _____ Report for the Quarter Ended: _____

Agent License Number: _____ Closure Date: _____ Office Closed: Main _____ Branch _____

Contact Name: _____ Phone: _____ E-Mail: _____

Part A. Information pertaining to Trust Account Reconciliation:

Account Number: _____ Bank/Location: _____

Note: If more than one escrow trust account ("trust account") is used, you must complete a separate and individually signed Part A of this form for each account.

1. What was the balance of the trust bank account at the end of the previous quarter? _____
2. What was the balance of the trust bank account at the end of this quarter? _____
3. Did you verify and correct all exceptions/adjustments between the monthly bank statement balance for the trust account and the system/book trial balance as of the quarter end date? Yes _____ No _____
 - In addition to the monthly reconciliation and related supporting documents, please complete and submit a **reconciliation summary report** using the attached worksheet. Provide an explanation for each adjustment/exception that includes a description, escrow file number, dollar amount, transaction date and the corrective action.
4. Did the dollar amount of the total outstanding trust liability to clients equal the total dollar amount of undisbursed balances of the individual client ledgers? Yes _____ No _____
 - If your answer is "No," attach an explanation that includes the total dollar amount of exceptions, escrow number, name of each client, and individual dollar amount.
5. What is the date of the oldest outstanding check listed on the outstanding or unreconciled checks report? _____
 - If the date indicated is more than 90 days ago, please attach an explanation including the date of the outstanding check and the specific actions you will take concerning any stale dated checks.
6. What is the date of the oldest incomplete system adjustment/exception identified on the reconciliation report? _____
 - If the date indicated is more than 30 days ago, please attach an explanation including a brief description of the adjustment, dollar amount, transaction date, and the specific actions you will take to complete the necessary adjustment.
7. Did the escrow agent remit all unclaimed funds as required by the Uniform Unclaimed Property Act, Chapter 63.29 RCW? Yes _____ No _____
 - If your answer is "No," attach an explanation and indicate an estimated date of remittance.

Part B. Escrow Agent Operations:

Since the date of the last quarterly report submitted to DFI:

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has there been any material adverse change in the financial condition of the above named escrow agent that may affect its ability to perform its ongoing obligations to its client? (RCW 18.44.301; -430; -470; WAC 208-680C-045) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the above named escrow agent or any escrow officer or employee of the above escrow agent been named as a defendant in any criminal proceeding? (RCW 18.44.301; -430; WAC 208-680D-070) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the above named escrow agent or any escrow officer or employee of the above escrow agent been notified or become aware that they are the subject of any investigation or enforcement action by any state or federal regulatory agency? (RCW 18.44.301; -430; WAC 208-680D-070) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the above named escrow agent or any escrow officer or employee of the above escrow agent been named in any lawsuit related to the escrow agent's activities? (RCW 18.44.301; -430; WAC 208-680D-070) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has there been any change in the ownership of the above named escrow agent? (WAC 208-680B-015) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has there been any change in the address of the above escrow agent's main office or any branch office locations, or have any offices opened or closed? (RCW 18.44.041; RCW18.44.061; WAC 208-680C-040; WAC 208-680C-045) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has there been any change in the location of the books and records maintained by the above escrow agent? (WAC 208-680D-030) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the above escrow agent's fidelity bond, errors and omissions coverage or surety coverage (if applicable) expired or been cancelled, or has the escrow agent taken any action that violates any of the terms of coverage? (RCW 18.44.201; RCW 18.44.211; WAC 208-680F-070) | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "Yes" to any of the above questions about escrow agent operations, attach to this report a detailed explanation of the events that have occurred.

Certification

The responsible officer of the escrow agent must sign the following certification as to the accuracy of the information provided in this report.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

Location(s)

Name

Title

RECONCILIATION SUMMARY REPORT

End of Month _____

A. MONTHLY BANK STATEMENT

Balance per bank statement as of : \$ _____

Add:

Deposits in transit (see attached list) \$ -

Adjustment (brief description)

A.

B.

Subtotal \$ _____

Deduct:

Outstanding Checks (see attached list)

Adjustment (brief description)

A.

B.

Subtotal \$ _____

Adjusted ending balance - BANK \$ _____

B. TRUST ACCOUNTING SYSTEM

Balance per system (book) as of: \$ _____

Add:

Adjustments (brief description)

A.

B.

Subtotal \$ _____

Deduct:

Adjustments (brief description)

A.

B.

Subtotal \$ _____

Adjusted ending balance, SYSTEM/BOOK \$ _____

C. CLIENT LEDGER TRIAL BALANCE

Total Balance from individual client ledgers as of: \$ _____

Prepared by: _____

Date Prepared: _____